

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

101575419

FILING DATE

04-10-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1	=		
3			1	-		
4			1	-		
5			1	-		
6			1	-		
7			1	-		
8			1	-		
9			1	-		
10			2			
11						
12						
13						
14						
15						
16						
17						
18						
19						
20			2			
21			1	-		
22			1	=		
23			1	-		
24			1	=		
25			1	=		
26			1	=		
27			1	=		
28			1	=		
29			1	-		
30			1	-		
31			1	-		
32			1	-		
33			1	-		
34			1	-		
35			1	=		
36			1	=		
37			1	-		
38			1	-		
39			1			
40						
41						
42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			26			
TOTAL CLAIMS			28			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						